

Javier J. Rodriguez Becerra
 MD,FCAP,FASCP,CQA

PATIENT INFORMATION

Last Name		First Name		M.I.	
Date of Birth	Sex	Last Four (4) of SSN	Age	Patient Phone Number	
/ /	M F			()	
Address		City	State	ZIP	

PHYSICIAN'S INFORMATION

Physician's Name	License Number	Physician's Signature
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BILLING INFORMATION

Attach copy of all insurance I.D. Cards (front and back, please)

Bill to: <input type="radio"/> Patient <input type="radio"/> Doctor <input type="radio"/> Insurance	Principal Insured DOB:
	/ /
Principal Insured Name	Relationship to Patient
Insurance Name	Contract #
	Group #

Patient Signature:

I authorize my physician to provide any necessary information to the laboratory for the sole purpose of billing my medical insurance plan. I accept that I will be held responsible for any procedure payment that my medical insurance do not cover.

CLINICAL INFORMATION

Last Menstrual Period: ____/____/____	Service Date: ____/____/____	
<input type="radio"/> Routine Check-up <input type="radio"/> Repeat/follow-up <input type="radio"/> Pregnant (wks. ____) <input type="radio"/> Postpartum (wks. ____) <input type="radio"/> Postmenopausal <input type="radio"/> Total Hysterectomy	<input type="radio"/> Sub-total Hysterectomy (cervix present) <input type="radio"/> Oral Contraceptives <input type="radio"/> Depo Provera <input type="radio"/> Hormonal Replacement Therapy <input type="radio"/> IUD <input type="radio"/> HPV / LGSIL / HGSIL	<input type="radio"/> Cryo/Laser/LEEP/Come <input type="radio"/> Abnormal Bleeding <input type="radio"/> Previous Malignancy <input type="radio"/> Type <input type="radio"/> Radiation/Chemotherapy <input type="radio"/> Immunosuppressed <input type="radio"/> Other

Pap Test (See for specimen inf)

- Pre-Natal Panel Panel (PAP,Chlamydia/Gonorrhea,GBS)
 Thinprep' Pap,reflex HPV on ASC-US and above
 Thinprep' Pap,reflex HPV on ASC-US only
 Thinprep' Pap Only
 HPV only (no Pap) *
 Conventional Pap

**Test from ThinPrep
vial Digene / Swab Kit**

- Chlamydia and Gonorrhea
 Chlamydia Only
 Gonorrhea Only

Additional Test

- GBS
 Fibronectin

SPECIMEN SOURCE:

- Cervical / Endocervical
 Vaginal Cervical
 Other

CLINICAL HISTORY